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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748870 (3)

1. Corporation Name
MASTERS CONDOMINIUMS, INC.

Principal Place of Business P O BOX 568846 ORLANDO FL 32856-5846	Mailing Address P O BOX 568846 ORLANDO FL 32856-8846
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1979	3a. Date of Last Report 03/28/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2000445		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**JOHNSON, PAMELA R.
1452 E. MICHIGAN ST.
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name **Pamela R. Johnson**
82 Street Address (P.O. Box Number is Not Acceptable)
81 W. Michigan Street
83
84 City **Orlando** FL 85 Zip Code **32806**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0509, Florida Statutes.

SIGNATURE *Pamela R. Johnson* **Pamela R. Johnson** **4/28/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOFF, ROBERT	
STREET ADDRESS	6202 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARRELL, JAMES M.	
STREET ADDRESS	6204 MASTERS BLVD.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOLSTAD, MILDRED E.	
STREET ADDRESS	8988 HOUSTON PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AKERS, WILLIAM J.	
STREET ADDRESS	6212 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MACTAVISH, DONALD L.	
STREET ADDRESS	6210 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T/D Akers, William J.
4.3 STREET ADDRESS	6212 Masters Blvd
4.4 CITY-ST-ZIP	Orlando, FL 32819
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P/D Mactavish, Donald L.
5.3 STREET ADDRESS	6210 Masters Blvd
5.4 CITY-ST-ZIP	Orlando, FL 32819
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Akers* **WILLIAM J. AKERS** **4/16/97** **407-841-6248**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018022

CR2E037 (9/96)